FORM C/OH CANDIDATE / OFFICEHOLDER 6929 COVER SHEET PG 1 **CAMPAIGN FINANCE REPORT** 1 ACCOUNT# 2 PAGE# The C/OH Instruction Guide explains how to complete this form. (Ethics Commission filers) 1 of 30 00121234 CANDIDATE / MS / MRS / MR FIRST OFFICE USE ONLY **OFFICEHOLDER** Ms. Rosemary NAME Date Received NICKNAME LAST 7.3 SHEERY Lehmberg CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **OFFICEHOLDER** 2606 Deerfoot Trail MAILING Austin, TX 78704 **ADDRESS** Date Hand-delivered or Date Postmarked Change of Address Amount Receipt # CAMPAIGN Date Processed Mr Bill TREASURER NAME Date imaged SUFFIX NICKNAME McLellan STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; STATE; ZIP CODE CAMPAIGN **TREASURER** 611 S. Congress Avenue **ADDRESS** Suite 340 Austin, TX 78704 (Residence or business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN TREASURER (512) 707-0886 PHONE 8 REPORT TYPE 30th day before election 15th day after campaign treasurer appointment (officeholder only) January 15 Runoff Final report (Attach C/OH - FR) July 15 8th day before election Exceeded \$500 limit Month PERIOD Day Month Year **THROUGH** COVERED 03/30/2008 06/30/2008 10 ELECTION FLECTION DATE ELECTION TYPE Month Day X General Primary Runoff Special 11/04/2008 OFFICE SOUGHT (If known) District Attorney OFFICE HELD (if any) 11 OFFICE 13 NOTICE · Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. OF DIRECT Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **CAMPAIGN EXPENDITURE** Name BY OTHER **INDIVIDUALS** Address/PO Box; Apt. / Suite #; Zip Code additional pages **GO TO PAGE 2**

CANDIDATE SUPPORT &		OLDER REPORT:		ORM C/OH SHEET PG 2
14 C/OH NAME Lehm	berg, Rosemary (N	1s.)	15 ACCOUNT# 00121234	Ethics Commission filers)
16 NOTICE FROM POLITICAL COMMITTEE(S) This box is for notice of political expenditures by political committees to support the candidate have been made without the candidate's or officeholder's knowledge or consent. Candidates and information only if they receive notice of such expenditures. COMMITTEE NAME COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS	7.	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	· · · · · · · · · · · · · · · · · · ·	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	420.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	74,695.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$	0.00
	.4. TOTAL F	POLITICAL EXPENDITURES	\$	157,924.83
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE Y OF THE REPORTING PERIOD	\$	3,462.20
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$	0.00
18 AFFIDAVIT				
	PHYLLIS JACKS My Commission July 27, 20	Expires 100	s all information require	ed to be reported by
AFFIX NOTARY S	TAMP / SEAL ABOV	E . ,		·
A A	0 <u>08</u> , to cer	tify which, witness my hand and seal of office. Auto J. Lee Print name of officer administering oath	Antany Paul Title of officer admir	day

ОТЛ	ER THAN PLEDGES OR LOA	NO		
The Instr	систюм Guide explains how to complete this form.		1 PAGE # Schedule: 1/1	19 Report: 3/30
2 FILER NA	ME Lehmberg, Rosemary (Ms.)		3 ACCOUNT # 00121234	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Anderson, Charles	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/04/20	6 Contributor address; City; State; Zip Code P.O. Box 1804 Austia, TX 78667		\$100.00	·
			(If travel outside of	Texas, complete Schedule T)
9 Principal o	occupation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/01/20	109 North Post Oak Lane		\$500.00	
	Suite 350 Austin, TX 77024 Howston,		<u> </u>	Texas, complete Schedule T)
Principal o	ccupation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/15/20	Contributor address; City; State; Zip Code 132 Littleton Harvard, MA 01451		\$500.00	
			(If travel outside of	Texas, complete Schedule T)
Principal o	ccupation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/07/200	Contributor address; City; State; Zip Code 802 Terrace Mountain Drive Austin, TX 78746	. , , , , , , , , , , , , , , , , , , ,	\$200.00	
			(if travel outside of	Texas, complete Schedule T)
Principal o	ccupation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/22/200	Contributor address; City; State; Zip Code 6825 Burnet Road		\$1,000.00 	
	Austin, TX 78757		///	r
Dringing! a:	occupation / Joh title /See Instructions\	Employer (See Ins		Texas, complete Schedule T)
_ гинирано	ccupation / Job title (See Instructions)	Employer (See III:	onacuoria)	

POLITICAL CONTRIBUTIONS

OINE	TIMAN PLEDGES OR LOAD	NO		
The Instruct	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/	19 Report: 4/30
2 FILER NAME	Lehmberg, Rosemary (Ms.)	,	3 ACCOUNT# 00121234	(Ethics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID) Beasley, Roger	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/04/2008	6 Contributor address; City; State; Zip Code 6825 Burnet Road Austin, TX 78757		\$2,500.00	1
				Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/03/2008	Contributor address; City; State; Zip Code 2309 Sunset Blvd. Houston, TX 77005		\$200.00	
			<u> </u>	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (If applicable)
04/08/2008	Contributor address; City; State; Zip Code P.O. Box 49337 Austin, TX 78765		\$500.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<u>'</u>)	Amount of contribution (\$)	in-kind contribution description (if applicable)
03/31/2008	Contributor address; City; State; Zip Code 22 Margranita Crescent Austin, TX 78703		\$1,000.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/01/2008	Contributor address; City; State; Zip Code 8500 A Willowick Drive Austin, TX 78759		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	·

P.O.Box 12070

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 3/	19 Report: 5/30
2	FILER NAME	Lehmberg, Rosemary (Ms.)		3 ACCOUNT# 00121234	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID⊅ Brittain, Steve	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/30/2008	6 Contributor address; City; State; Zip Code 1100 West Avenue Austin, TX 78701		\$1,000.00	
		·		(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	. Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/09/2008	Contributor address; City; State; Zip Code 335 King William San Antonio, TX 78204		\$2,500.00	
	İ			(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/03/2008	Contributor address; City; State; Zip Code 1601 Rio Grande Street Suite 405 Austin, TX 78701		\$250.00	Texas, complete Schedule T)
-	Principal occup	ation / Job title (See Instructions)	Employer (See In:	<u> </u>	Texas, complete Schedule 1)
		, , ,	. , ,	•	
	Date	Full name of contributor)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	04/08/2008	Contributor address; City; State; Zip Code 1601 Rio Grande Street Suite 405		\$100.00	
		Austin, TX 78701		(If trave) outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In		
	Date	Full name of contributor ut-of-state PAC (ID# Casseb, John		Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/02/2008	Contributor address; City; State; Zip Code 1509 Alameda Austin, TX 78704		\$100.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	<u></u>	, ,

P.O.Box 12070

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The Instruct	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/	19 Report: 6/30		
2 FILER NAME	Lehmberg, Rosemary (Ms.)		3 ACCOUNT # 00121234	(Ethics Commission filers)		
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
04/01/2008	6 Contributor address; City; State; Zip Code P.O. Box 131055 Houston, TX 77219		\$150.00	 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)			
Date	Full name of contributor	<u>*</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/02/2008	Contributor address; City; State; Zip Code 919 Congress Avenue Suite 1200	• • • • • • • • • • • • • • • • • • • •	\$500.00	 		
	Austin, TX 78701		(If travel outside of	Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)			
Date	Full name of contributor	#	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/14/2008	Contributor address; City; State; Zip Code P.O. Box 88140 Houston, TX 77288		\$500.00	 		
	·		(If travel outside of	Texas, complete Schedule T)		
Principal occup	Dation / Job title (See Instructions)	Employer (See In:	<u>'</u>			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/05/2008	Contributor address; City; State; Zip Code 1407 West 10th Street Austin, TX 78703		\$100.00	 		
			∜If travel outside of	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See In:	L <u>:</u>			
Date	Full name of contributor	£ \	Amount of	In-kind contribution		
Date	Criss, Susan		contribution (\$)	description (if applicable)		
04/03/2008	Contributor address; City; State; Zip Code P.O. Box 16474 Galveston, TX 77552		\$100.00			
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			

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The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 5/1	19 Report: 7/30
2 FILER NAME	Lehmberg, Rosemary (Ms.)		3 ACCOUNT # 00121234	(Ethics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID# David Escamilla Campaign	<u>‡</u>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/04/2008	6 Contributor address; City; State; Zip Code 5703 Spurflower Drive Austin, TX 78759	· · · · · · · · · · · · · · · · · · ·	\$5,000.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	£)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/03/2008	Contributor address; City; State; Zip Code 448 Columbia Street Houston, TX 77007	· · · · · · · · · · · · · · · · · · ·	\$150.00	
	Tiousion, 1277007			l
		F	<u> </u>	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/09/2008	Contributor address; City; State; Zip Code 1001 Larrain Street Austin, TX 78703		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID#	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2008	Contributor address; City; State; Zip Code 2737 Kenney Oaks Court Austin, TX 78704		\$1,500.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occup	Dation / Job title (See Instructions)	Employer (See In:		
D-1-	T 5.11		A	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/08/2008	Contributor address; City; State; Zip Code 1800 Guadalupe Street Austin, TX 78701		\$1,000.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In:		. January comprete contention 1)
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POLITICAL CONTRIBUTIONS

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	The Instructe	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 6/	19 Report: 8/30
2	FILER NAME	Lehmberg, Rosemary (Ms.)		3 ACCOUNT# 00121234	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID≴ Foerster, Frank)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/02/2008	6 Contributor address; City; State; Zip Code 1114 West 22nd Street Austin, TX 78705		\$250.00	! ! !
		·		(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC (ID# Fullbright & Jaworski L.L.P.		Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/23/2008	Contributor address; City; State; Zip Code 1301 McKinney Suite 5100 Houston, TX 77010		\$1,000.00	.
		Housidi, 1277010		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	04/01/2008	Contributor address; City; State; Zip Code 8304 Zyle Road Austin, TX 78737	••••	\$200.00	!
_				<u> </u>	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/31/2008	Contributor address; City; State; Zip Code P.O. Box 96308 Washington, DC 20090		\$10,000.00	[] [
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/02/2008	Contributor address; City; State; Zip Code 3520 Peregrine Falcon Austin, TX 78746		\$100.00	
		•		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	

Texas Ethics Commission

POLITICAL CONTRIBUTIONS

	OTHER THAN PLEDGES OR LOANS					
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 7/	19 Report: 9/30	
2	FILER NAME	Lehmberg, Rosemary (Ms.)		3 ACCOUNT# 00121234	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Golding, Joan	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	03/31/2008	6 Contributor address; City; State; Zip Code 101 Piney Woods Court Apt. 117 Houston, TX 77077		\$75.00	 	
L		·		<u> Liu-</u>	Texas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/03/2008	Contributor address; City; State; Zip Code 322 Malone Street Houston, TX 77007		\$100.00	 	
L				<u> </u>	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/14/2008	Contributor address; City; State; Zip Code P.O. Box 98 Austin, TX 78767		\$250.00	 	
Ì				(if travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/02/2008	Contributor address; City; State; Zip Code 3207 Tarryhollow Drive Austin, TX 78703		\$100.00	1 	
				<u> </u>	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/01/2008	Contributor address; City; State; Zip Code 9310 Singing Quail Austin, TX 78758		\$50.00] 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u></u>		
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P.O.Box 12070

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F	The Instruction	אס Guide explains how to complete this form.		1 PAGE#	19 Report: 10/30
2	FILER NAME	Lehmberg, Rosemary (Ms.)		3 ACCOUNT # 00121234	(Ethics Commission filers)
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/01/2008	6 Contributor address; City; State; Zip Code 720 Patterson Avenue Austin, TX 78703		\$150.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Grove and Ehlinger, Attorneys at Law)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/08/2008	Contributor address; City; State; Zip Code 2525 Wallingwood Building 8		\$250.00	<u> </u>
		Austin, TX 78746		(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:		TOXED, COMPLETE CONTROLLE 1,
				•	·
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/02/2008	Contributor address; City; State; Zip Code 600 West Ninth Street Austin, TX 78701		\$1,000.00]
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)		
		·			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/31/2008	Contributor address; City; State; Zip Code 6433 Tasajillo Trail Austin, TX 78739		\$125.00	
		Austin, 17/0/39		/M torright and all all and	Towns complete Schoolists Ti
	Principal occup	ation / Job title (See Instructions)	Employer (See In:		Texas, complete Schedule T)
		,	, , ,	·	
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/06/2008	Contributor address; City; State; Zip Code 5325 Magdelena Drive Austin, TX 78735		\$250.00]
		7.656.4 17.70.00		(If travel outside of	Texas, complete Schedule T)
·	Principal occup	ation / Job title (See Instructions)	Employer (See In:	<u> </u>	reversity Combiners actioning 1)
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P.O.Box 12070

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 9/	19 Report: 11/30
2	FILER NAME	Lehmberg, Rosemary (Ms.)		3 ACCOUNT# 00121234	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID: Hebert, P. Michael (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/02/2008	6 Contributor address; City; State; Zip Code 1301 W. 25th Street Suite 545		\$500.00] }
		Austin, TX 78705		(If travel outside of	Texas, complete Schedule T)
9	Principal occup	Deation / Job title (See Instructions)	10 Employer (See In		Total Sample
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/02/2008	Contributor address; City; State; Zip Code 1319 Wilson Heights Drive Austin, TX 78746		\$100.00	
	•		•	/lif travel outside of	Texas, complete Schedule T)
_	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u></u>	18Xas, complete achedule 1)
	,	· ·	, <u> </u>	•	
	Date	Full name of contributor	<u>#</u>)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	04/03/2008	Contributor address; City; State; Zip Code 4423 Champions Court League City, TX 77573		\$1,000.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	Leation / Job title (See Instructions)	Employer (See In:	<u></u>	
	Date	Full name of contributor	<u>#</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/04/2008	Contributor address; City; State; Zip Code 3746 Durness Way Houston, TX 77025		\$250.00	.
		I	!	(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	4	
	Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/06/2008	Contributor address; City; State; Zip Code 4132 Travis Country Circle Austin, TX 78735		\$100.00	} } !
: 			·	(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	
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2 FILER	AME Lehmberg, Rosemary (Ms.)		3 ACCOUNT# 00121234	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/04/2	008 6 Contributor address; City; State; Zip Code 3754 Broken Bow Road Belton, TX 76513		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal	occupation / Job title (See Instructions)	10 Employer (See In	estructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2	Contributor address; City; State; Zip Code 1300 Ridgemont Austin, TX 78723		\$50.00	; } [
			(If travel outside of	Texas, complete Schedule T)
Principal	occupation / Job title (See Instructions)	Employer (See In	structions)	, <u></u>
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/12/2	Contributor address; City; State; Zip Code 201 Main Street Ft. Worth, TX 76102		\$500.00	[
				·
Principal	occupation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
•	,			
Date	Full name of contributor	#)	Amount of contribution (\$)	!n-kind contribution description (if applicable)
04/01/2	Contributor address; City; State; Zip Code 13811 Panorama Drive Austin, TX 78732		\$1,000.00	
	·		(If travel outside of	Texas, complete Schedule T)
Principal	occupation / Job title (See Instructions)	Employer (See In	<u> Li</u>	Total ()
Data	Full area of contributes III out of the BAC (ID	<u> </u>	I Amount of	l la kind anatoliuskina
Date	Full name of contributor	# <u></u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/30/20	Contributor address; City; State; Zip Code 1112 Mayan Way Austin, TX 78733		\$50.00	
			<u></u>	Texas, complete Schedule T)
Principal	occupation / Job title (See Instructions)	Employer (See In	structions)	

The lust	RUCTION GUIDE explains how to complete this form.		1 PAGE# Schedule: 11	I/19 Report: 13/30
2 FILER N	AME Lehmberg, Rosemary (Ms.)		3 ACCOUNT # 00121234	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/04/20	008 6 Contributor address; City; State; Zip Code 1817 Lubbock Street Houston, TX 77007		\$100.00	! ! !
			(If travel outside of	Texas, complete Schedule T)
9 Principal	occupation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/20	Contributor address; City; State; Zip Code 3703 Robbins Road Austin, TX 78730		\$500.00	
			(If travel outside of	Texas, complete Schedule T)
Principal	occupation / Job title (See Instructions)	Employer (See In	<u> </u>	
·				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/20	Contributor address; City; State; Zip Code 534 Ramblewood Drive Austin, TX 77079		\$1,000.00	
Principal	occupation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
Findpart	Acceptation 7 sob title (See Instructions)	Employer (Goe III	istractions,	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/20	Contributor address; City; State; Zip Code 2400 B Vista Lane Austin, TX 78703		\$100.00	! } !
	·		(if travel outside of	Texas, complete Schedule T)
Principal o	occupation / Job title (See Instructions)	Employer (See in	estructions)	
D-4-	Total and of contributes To out of chat BAC (ID	<u> </u>	T Amount of	I la kind contribution
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/27/20	O8 Contributor address; City; State; Zip Code 2322 Townes Lane Austin, TX 78703		\$1,000.00	1
			(If travel outside of	Texas, complete Schedule T)
Principal c	ccupation / Job title (See Instructions)	Employer (See in	structions)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 12	2/19 Report: 14/30
2 FILER NAME	Lehmberg, Rosemary (Ms.)		3 ACCOUNT# 00121234	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Little, Emily	<u>‡</u>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/30/2008	6 Contributor address; City; State; Zip Code 1001 East 6th Street Austin, TX 78702	, , ,	\$500.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See Ins	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/03/2008	Contributor address; City, State; Zip Code 205 Park Lane Austin, TX 78704		\$250.00	
			<u> L`</u>	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (If applicable)
06/11/2008	Contributor address; City; State; Zip Code 1609 Shoal Creek Blvd. Suite 100 Austin, TX 78701		\$2,500.00	
Principal occur	eation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
Frincipal occup	audit / Job due (See instructions)	Employer (Gee ins	mucuons)	
Date	Full name of contributor	·	Amount of contribution (\$)	In-kind contribution description (If applicable)
03/31/2008	Contributor address; City; State; Zip Code 3300 Meredith Street Austin, TX 78703		\$300.00	
	j			Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	,
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2008	Contributor address; City; State; Zip Code P.O. Box Austin, TX 78711		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

Texas Ethics Commission

	• • • • • • • • • • • • • • • • • • •				
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 13	/19 Report: 15/30
2	FILER NAME	Lehmberg, Rosemary (Ms.)		3 ACCOUNT# 00121234	(Ethics Commission filers)
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/31/2008	6 Contributor address; City; State; Zip Code 14 Red Bud Trail Round Rock, TX 78664		\$100.00	
		·		(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/07/2008	Contributor address; City; State; Zip Code P.O. Box 1608		\$1,000.00	
		Austin, TX 78767		<u> L`</u>	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/27/2008	Contributor address; City; State; Zip Code 4123 Luckenbach San Antonio, TX 78251		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/02/2008	Contributor address; City; State; Zip Code 600 Congress Avenue Suite 1500 Austin, TX 78701		\$500.00	
			Employer /Coo In	<u> L`</u>	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/27/2008	Contributor address; City; State; Zip Code 600 Congress Avenue Austin, TX 78701		\$1,000.00	
				<u></u>	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	

V / / / L				
The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 14	/19 Report: 16/30
2 FILER NAME	Lehmberg, Rosemary (Ms.)		3 ACCOUNT# 00121234	(Ethics Commission filers)
4 Date	5 Full name of contributor	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/03/2008	6 Contributor address; City; State; Zip Code 550 Westcott Suite 590 Houston, TX 77007	•. ·	\$200.00	! ! !
	•		(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2008	Contributor address; City; State; Zip Code 2906 Terrain Lane Austin, TX 78731		\$150.00	
			(life terminal annihalada ari	Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See In	<u></u>	rexas, complete schedule 1)
Finicipal occi	pation 7 300 title (See instructions)	Employer (See in	suuctions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2008	Contributor address; City; State; Zip Code 1100 Guadalupe Street Austin, TX 78701		\$10,000.00	! !
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID#	· · · · · · · · · · · · · · · · · · ·	Amount of	In-kind contribution
	Mostyn, Steven		contribution (\$)	description (if applicable)
04/03/2008	Contributor address; City; State; Zip Code 200 Westcott Houston, TX 77007		\$2,500.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor ut-of-state PAC (ID# Neichoy, Perry)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/04/2008	Contributor address; City; State; Zip Code 550 Fannin Suite 111 Beaumont, TX 77701		\$500.00	!
	Deadmont, 1X11101		(if travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	<u></u>	
,			•	

L	O ! ! ! E !				
	The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 15	5/19 Report: 17/30
2	FILER NAME	Lehmberg, Rosemary (Ms.)		3 ACCOUNT# 00121234	(Ethics Commission filers)
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
	04/02/2008	6 Contributor address; City; State; Zip Code 1609 West 12th Street Austin, TX 78703		\$25.00	
L				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/06/2008	Contributor address; City; State; Zip Code 1089 Knox Road Greensboro, NC 27420		\$500.00	1
				(If travel outside of	Texas, complete Schedule T)
 -	Principal occup	Dation / Job title (See Instructions)	Employer (See In		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/01/2008	Contributor address; City; State; Zip Code P.O. Box 66513 Houston, TX 77266		\$100.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In		,
			,		
	Date	Full name of contributor ☐ out-of-state PAC (ID# Price, Priscilla	<i>t</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/31/2008	Contributor address; City; State; Zip Code 921 Double File Trail Round Rock, TX 78665		\$100.00	[
					,
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> L'</u>	Texas, complete Schedule T)
		,			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/30/2008	Contributor address; City; State; Zip Code P.O. Box 1228 Taylor, TX 76574		\$200.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	

The INSTRUCT	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16	/19 Report: 18/30
! FILER NAME	Lehmberg, Rosemary (Ms.)		3 ACCOUNT# 00121234	(Ethics Commission filers)
Date Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/30/2008	6 Contributor address; City; State; Zip Code 3511 Westlake Drive Austin, TX 78746		\$500.00	
				Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	10 Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Reid, Bill & Susan (Mr.)	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2008	Contributor address; City; State; Zip Code 1104 Wayside Drive Austin, TX 78703		\$100.00)
	·		(If travel outside of	' Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Rodriguez, Marisol		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/03/2008	Contributor address; City; State; Zip Code 3014 Oak Forest Drive Houston, TX 77018		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID#_Schechter, Sue		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/03/2008	Contributor address; City; State; Zip Code 1212 Guadalupe Austin, TX 78701		\$100.00	 -
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID#_)	Amount of	In-kind contribution
	Schlueter, Stan		contribution (\$)	description (if applicable)
06/10/2008	Contributor address; City; State; Zip Code P.O. Box 2227		\$2,500.00	
	Austin, TX 78768	1		
	Austin, 1X 78/68	,	(If travel outside of	Texas, complete Schedule T)

		THAN FLEDGES ON LOAD			
	The Instructe	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 17	7/19 Report: 19/30
2	FILER NAME	Lehmberg, Rosemary (Ms.)		3 ACCOUNT # 00121234	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Sechelski, Thomas & Lisa	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/03/2008	6 Contributor address; City; State; Zip Code 2809 East Reata Drive Deer Park, TX 77536		\$200.00	1
L	<u></u>				Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC (ID# Sepulveda, Eugene & Steven Tem : # 36N	<u>'</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
i	04/01/2008	Contributor address; City; State; Zip Code 3114 Meeler Street	• • • • • • • • • • • • • • • • • • • •	\$300.00]
		Austin, TX 78705			
	Principal occur	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
	Friitipai oooap	Autor 1 300 title (Oee magactiona)	Employor (000 iii	Structions,	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/02/2008	Contributor address; City; State; Zip Code P.O. Box 236 Austin, TX 78767		\$500.00	!
					Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
-	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/01/2008	Contributor address; City; State; Zip Code 5 Curly Mesquite Cove Austin, TX 78704		\$500.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	·
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/31/2008	Contributor address; City; State; Zip Code 6000 Messenger Stakes Austin, TX 78746		\$250.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
					•

				
The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 18	3/19 Report: 20/30
2 FILER NAME	Lehmberg, Rosemary (Ms.)		3 ACCOUNT# 00121234	(Ethics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID: Stanley, Christi and James	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/03/2008	6 Contributor address; City; State; Zip Code 500 Throckmorton Street Ft. Worth, TX 76102	· · · · · · · · · · · · · · · · · · ·	\$4,600.00	
·			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/03/2008	Contributor address; City; State; Zip Code 3307 Northland Drive Suite 234		\$250.00	
	Austin, TX 78731		(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	1	
Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/08/2008	Contributor address; City; State; Zip Code 2206 Mountain View Road Austin, TX 78703	• • • • • • • • • • • • • • • • • • • •	\$100.00	
•	Tracting (ACTO) 65			!
Principal occur	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
·				
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/31/2008	Contributor address; City; State; Zip Code 2017 Travis Heights Blvd. Austin, TX 78704		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	I pation / Job title (See Instructions)	Employer (See In	<u> L'</u>	Taxas, complete contraction,
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/04/2008	Contributor address; City; State; Zip Code 8700 Commerce Park #108 Houston, TX 77036		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	

P.O.Box 12070

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	9/19 Report: 21/30
2	FILER NAME	Lehmberg, Rosemary (Ms.)		3 ACCOUNT # 00121234	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Torres, Andrea)#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/31/2008	6 Contributor address; City; State; Zip Code 4601 Highland Terrace Austin, TX 78731		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/01/2008	Contributor address; City; State; Zip Code P.O. Box 4905 Austin, TX 77704		\$2,500.00	
		Adding 17/1/04		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/01/2008	Contributor address; City; State; Zip Code 1607 Nueces Street Austin, TX 78701		\$100.00	
				/lé durant a rebolida a d	Towns consists Cabatala To 17
	Principal occup	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
·		,		•	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (If applicable)
	04/08/2008	Contributor address; City; State; Zip Code 2000 S. Mays Suite 302		\$100.00	
		Round Rock, TX 78664		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	
			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
					•

rexas Ethics Commis	sion P.O.Box 12070	Austin, Te	xas /8/11-20/0	(512	2)463-5800 1-800-325-8506
LOANS					SCHEDULE E
The Instruction Gui	DE explains how to complete the	his form.		1 PAGE# Schedule:	1/1 Report: 22/30
2 FILER NAME Le	hmberg, Rosemary (Ms.)			3 ACCOUNT 0012123	# (Ethics Commission filers)
TOTAL OF UNI	TEMIZED LOANS:		ಎಎಎಎಎ		\$
5 Date of loan 04/04/2008	7 Name of lender Butts, David	Out	of-state PAC (ID#)	9 Loan Amount (\$) \$10,000.00
6 Is lender a financial Institution?	1914 Patton	State;	Zip Code	•••••	10 Interest rate
No	Austin, TX 78723				11 Maturity date 06/05/2008
12 Principal occupation Political consultan	/ Job title (See Instructions) t		13 Employer (Se	e Instructions)	
14 Description of Collat	eral		<u> </u>		
15 GUARANTOR INFORMATION	16 Name of guarantor				18 Amount Guaranteed (\$)
☑ not applicable	17 Guarantor address; City;	State;	Zip Code		
19 Principal Occupation)		20 Employer		
					•

(If travel outside of Texas, complete Schedule T)

P.O.Box 12070 POLITICAL EXPENDITURES SCHEDULE F PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 1/8 Report: 23/30 Lehmberg, Rosemary (Ms.) ACCOUNT # (Ethics Commission filers) 2 FILER NAME 00121234 Date Payee name Amount Atkins, Jessie (\$) 04/10/2008 \$335.00 6 Payee address; City; State; Zip Code 2508 Leon Austin, TX 78705 Purpose of payment (See instructions regarding type of information 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** required.) Candidate / Officeholder name: political campaign staff payment Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount Austin Chronicle (\$) 06/05/2008 \$749.00 City; State; Zip Code Pavee address: 4000 N. IH 35 Austin, TX 78751 "Complete if direct expenditure to benefit Candidate/Officeholder Purpose of payment (See instructions regarding type of information Candidate / Officeholder name: required.) political ads Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Pavee name Amount (\$) Brunt, Christopher 04/10/2008 \$110.00 Payee address; City; State; Zip Code 3011 Woodwren Court League City, TX 77573 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Political campaign staff payment Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount (\$) Brunt, Christopher 04/11/2008 \$750.00 Pavee address: City; State; Zip Code 3011 Woodwren Court League City, TX 77573 · · Complete if direct expenditure to benefit Candidate/Officeholder · · Candidate / Officeholder name: Purpose of payment (See instructions regarding type of information required.) Political campaign staff payment Office sought:

Office held:

POLITI	CAL EXPENDITURES			SCHEDULE F
The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 2/8	Report: 24/30
2 FILER NAME	Lehmberg, Rosemary (Ms.)		3 ACCOUNT # 00121234	(Ethics Commission filers)
4 Date	5 Payee name Butts, David			7 Amount (\$)
04/06/2008	6 Payee address; City; State; Zip Code 1914 Patton Austin, TX 78723		:	\$843.14
Purpose of pa required.) office supplies	yment (See instructions regarding type of Information	9 ** Complete if direc Candidate / Officehol		efit Candidate/Officeholder **
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Butts, David			Amount (\$)
04/15/2008	Payee address; City; State; Zip Code 1914 Patton Austin, TX 78723			\$5,000.00
required.)	ment (See instructions regarding type of information	* Complete if direct Candidate / Officehol		efit Candidate/Officeholder **
repayment of 1/2	of \$10,000 Loan	000		
(H	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Butts, David			Amount (\$)
06/05/2008	Payee address; City; State; Zip Code 1914 Patton Austin, TX 78723			\$5,000.00
required.)	rment (See instructions regarding type of information	* Complete if direct Candidate / Officehol		efit Candidate/Officeholder
repayment of 1/2 of \$10,000 Loan (If travel outside of Texas, complete Schedule T)		Office sought: Office held:		
Date	Payee name			Amount
	Butts, David			(\$)
06/05/2008	Payee address; City; State; Zip Code 1914 Patton Austin, TX 78723	· · · · · · · · · · · · · · · · · · ·	······································	\$162.00
				SA COMMITTEE IN THE STATE OF TH
required.)	ment (See instructions regarding type of information	Complete if direct Candidate / Officehol	expenditure to bene der name:	efit Candidate/Officeholder **
contract labor	·	06		
(If	travel outside of Texas, complete Schedule T)	Office sought: Office held:		

1-800-325-8506

Electronic Filing Version 3.3.6

Texas Ethics Commission

POLITI	SCHEDULE F			
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 3/8	Report: 25/30
2 FILER NAME	Lehmberg, Rosemary (Ms.)		3 ACCOUNT # 00121234	(Ethics Commission filers)
4 Date	5 Payee name Butts, David			7 Amount (\$)
06/27/2008	6 Payee address; City; State; Zip Code 1914 Patton Austin, TX 78723			\$5,000.00
8 Purpose of payment (See instructions regarding type of information required.) contract labor / political consulting 9 ** Complete if direct expenditure to beneficially contract labor / political consulting			expenditure to bene der name:	fit Candidate/Officeholder **
(H	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Check Mark			Amount (\$)
04/28/2008	Payee address; City; State; Zip Code 3217 N. IH 35 Austin, TX 78722			\$194.85
required.) Candidate / Officeho			expenditure to bene der name:	fit Candidate/Officeholder
campaign sticker	travel outside of Texas, complete Schedule T)	Office sought: Office held:		!
Date	Payee name ClickandPledge.com	- China - Chin		Amount (\$)
06/30/2008	Payee address; City; State; Zip Code 2200 Kraft Drive Suite 1175 Blacksburg, VA 24060			\$68.16
Purpose of pay required.)	ment (See instructions regarding type of information	** Complete if direct Candidate / Officehold		fit Candidate/Officeholder **
	travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Constant Contact			Amount (\$)
04/28/2008	Payee address; City; State; Zip Code 1601 Trapelo Road Suite 329 Waltham, MA 02451			\$30.00
Purpose of payi required.) Registration	ment (See instructions regarding type of information	** Complete if direct Candidate / Officehold	expenditure to bene der name:	fit Candidate/Officeholder **
(If	travel outside of Texas, complete Schedule T)	Office sought: Office held:		

P.O.Box 12070 **POLITICAL EXPENDITURES** SCHEDULE F 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 4/8 Report: 26/30 ACCOUNT# (Ethics Commission filers) 2 FILER NAME Lehmberg, Rosemary (Ms.) 00121234 Date Payee name Amount Goss, Dale (\$) 04/05/2008 \$200.00 6 Payee address; City; State; Zip Code 6410 Pohca Austin, TX 78741 Purpose of payment (See instructions regarding type of information 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** required.) Candidate / Officeholder name: Labor for construction and placement political signs Office sought: (if travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount Grissom, Joene (\$) 04/10/2008 \$2,000,00 Payee address; City; State; Zip Code 6603 Shadow Valley Austin, TX 78731 Purpose of payment (See instructions regarding type of information ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: required.) payment for campaign staff work Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Pavee name Amount (\$) Ignite Consulting 04/02/2008 \$6,273,78 City; State; Zip Code Payee address; 4032 S. Lamar Austin, TX 78704 * Complete if direct expenditure to benefit Candidate/Officeholder Purpose of payment (See Instructions regarding type of information Candidate / Officeholder name: required.) Auto Telephone Calls Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount (\$) Ignite Consulting 04/08/2008 \$4,482.06 Payee address; City; State; Zip Code 4032 S. Lamar Austin, TX 78704 · · Complete if direct expenditure to benefit Candidate/Officeholder · · Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Auto Telephone Calls Office sought:

Office held:

(If travel outside of Texas, complete Schedule T)

POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 5/8	Report: 27/30
2 FILER NAME	Lehmberg, Rosemary (Ms.)		3 ACCOUNT# 00121234	(Ethics Commission filers)
4 Date	5 Payee name Kelly Graphics			7 Amount (\$)
03/31/2008	6 Payee address; City; State; Zip Code 1322 Lost Creek Blvd. Austin, TX 78746			\$19,520.23
Purpose of parequired.) Direct mail	yment (See instructions regarding type of information	9 · · Complete if direc Candidate / Officehol	t expenditure to bene der name:	efit Candidate/Officeholder
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Kelly Graphics			Amount (\$)
04/02/2008	Payee address; City; State; Zip Code 1322 Lost Creek Blvd. Austin, TX 78746			\$4,435.89
Purpose of pay required.) postcards	ment (See instructions regarding type of information	" Complete if direct Candidate / Officehol	expenditure to bene der name:	fit Candidate/Officeholder **
	travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Kelly Graphics			Amount (\$)
04/04/2008	Payee address; City; State; Zip Code 1322 Lost Creek Blvd. Austin, TX 78746			\$12,163.13
Purpose of pay required.) direct mail	ment (See instructions regarding type of information	Complete if direct Candidate / Officehol		fit Candidate/Officeholder ••
(H	travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Opinion Analysts			Amount (\$)
03/31/2008	Payee address; City; State; Zip Code 906 Rio Grande Austin, TX 78701	· · · · · · · · · · · · · · · · · · ·		\$2,558.68
Purpose of pay required.) walk list	ment (See instructions regarding type of information	" Complete if direct Candidate / Officehold		fit Candidate/Officeholder
Of	travel outside of Texas, complete Schedule T)	Office sought: Office held:	•	

Texas Ethics Commission POLITICAL EXPENDITURES SCHEDULE F PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 6/8 Report: 28/30 (Ethics Commission filers) 2 FILER NAME Lehmberg, Rosemary (Ms.) ACCOUNT# 00121234 Date Payee name Amount **Opinion Analysts** (\$) 04/04/2008 \$205.94 6 Payee address; City; State; Zip Code 906 Rio Grande Austin, TX 78701 Purpose of payment (See instructions regarding type of information 9 * Complete if direct expenditure to benefit Candidate/Officeholder * * Candidate / Officeholder name: required.) walk list Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount (\$) **Opinion Analysts** 04/10/2008 \$1,975.87 Payee address; City; State; Zip Code 906 Rio Grande Austin, TX 78701 Purpose of payment (See instructions regarding type of information ** Complete if direct expenditure to benefit Candidate/Officeholder ** required.) Candidate / Officeholder name: phone and walk lists Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Amount Payee name (\$) Ranes, Jim 04/10/2008 \$666.50 Payee address; City; State; Zip Code 1501 Barton Springs Road Austin, TX 78704 " Complete if direct expenditure to benefit Candidate/Officeholder Purpose of payment (See instructions regarding type of information Candidate / Officeholder name: required.) Graphics Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount Rindy Miller Media (\$) \$25,000.00 03/31/2008 Payee address; City; State; Zip Code 2401 E. 6th Strett **Suite 1003** Austin, TX 78702 Complete if direct expenditure to benefit Candidate/Officeholder ** Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Television media buy Office sought: (If travel outside of Texas, complete Schedule T) Office held:

P.O.Box 12070

POLITICAL EXPENDITURES SCHEDULE F PAGE # The INSTRUCTION GUIDE explains how to complete this form. Schedule: 7/8 Report: 29/30 2 FILER NAME Lehmberg, Rosemary (Ms.) ACCOUNT # (Ethics Commission filers) 00121234 Date Payee name Amount Rindy Miller Media (\$) 04/02/2008 \$25,000.00 City; State; Zip Code Payee address; 2401 E. 6th Strett Suite 1003 Austin, TX 78702 Purpose of payment (See instructions regarding type of information ** Complete if direct expenditure to benefit Candidate/Officeholder ** required.) Candidate / Officeholder name: Television media buy Office sought: (If travel outside of Texas, complete Schedule T). Office held: Date Payee name Amount (\$) Rindy Miller Media \$25,000.00 04/04/2008 City; State; Zip Code Payee address; 2401 E. 6th Strett Suite 1003 Austin, TX 78702 Purpose of payment (See instructions regarding type of information ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: required.) Television media buy Office sought: (if travel outside of Texas, complete Schedule T) Office held: Date Pavee name Amount Rindy Miller Media (\$) \$5,000.00 06/27/2008 City; State; Zip Code Payee address; 2401 E. 6th Strett **Suite 1003** Austin, TX 78702 Purpose of payment (See instructions regarding type of information * * Complete if direct expenditure to benefit Candidate/Officeholder * * Candidate / Officeholder name: required.) production Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount United States Post Office (\$) 04/04/2008 \$82.00 Payee address; City; State; Zip Code Chimney Corner Station Austin, TX 78731 * Complete if direct expenditure to benefit Candidate/Officeholder ** Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Stamps Office sought: (If travel outside of Texas, complete Schedule T) Office held:

POLITICAL EXPENDITURES

FOLITI	CAL EXPENDITORES			SCHEDULE F	
The Instruction Guide explains how to complete this form.			1 PAGE# Schedule: 8/8 Report: 30/30		
2 FILER NAME	Lehmberg, Rosemary (Ms.)		3 ACCOUNT# 00121234	(Ethics Commission filers)	
4 Date	5 Payee name Worley Printing			7 Amount (\$)	
03/31/2008	6 Payee address; City; State; Zip Code 3217 N. IH 35 Austin, TX 78722			\$2,948.73	
8 Purpose of pay required.) Printing	rment (See instructions regarding type of information	Complete if direct expenditure to benefit Candidate/Officeholder Candidate / Officeholder name:			
(If travel outside of Texas, complete Schedule T) Office sought: Office held:					
Date	Payee name Worley Printing			Amount (\$)	
04/10/2008	Payee address; City; State; Zip Code 3217 N. IH 35			\$2,169.87	
	Austin, TX 78722				
Purpose of payment (See instructions regarding type of information required.) ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:					
Printing (H	travel outside of Texas, complete Schedule T)	Office sought: Office held:			
				·	